

Disclosure Report Cover

Amendment

☐ Yes☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

| | | | |
|--|--|---|---|
| 1. Committee Information | | | |
| a. Full Name | | c. ID Number | |
| CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| 8318 UMSTEAD ROAD FAYETTEVILLE, NC 28304 | | 10/23/2020 | |
| | | e. Phone Number | |
| | | 910-494-1025 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yy) | 4. Period End Date (mm/dd/yy) | 5. Treasurer Full Name |
| 2020 | 7/1/2020 | 10/17/2020 | AMANDA ROSE THOMPSON, CPA |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| 7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | |
| | | | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| FIDELITY BANK | | | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| | | | |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 0 | | \$ |
| CERTIFICATION | | | |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. | | | |
| AMANDA ROSE THOMPSON | | 10/23/2020 | |
| Printed Name of Signer | | Signature of Appointed Treasurer | |
| | | | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | RECEIVED | Employee: | Delivery Method |
| Date Postmarked: | OCT 26 2020 | Employee: | <input type="checkbox"/> Normal Mail |
| Date Scanned: | BY: | Employee: | <input type="checkbox"/> Registered Mail |
| Date Data Entered: | | Employee: | <input checked="" type="checkbox"/> Hand Delivered |
| | | | <input type="checkbox"/> Electronically Filed |
| | | | <input type="checkbox"/> Signer has not received mandatory training |
| Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. | | | |
| You must amend the Statement of Organization (CRO-2100A-E) to make committee changes. | | | |

Detailed Summary

Amendment

☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

| | | | | | |
|--|--|--------------------------------------|--|----------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | 2. Type of Report | | 3. ID Number | |
| CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER | | THIRD QUARTER PLUS DISCLOSURE REPORT | | | |
| Start of Election Cycle: January 1, 2020 | | Total this Reporting Period | | Total this Election Cycle | |
| 4) Cash on Hand at Start | | \$ 0 | | \$ 0 | |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | | \$ | | \$ | |
| 6) Contributions from Individuals (CRO-1210) | | \$ 3,500.00 | | \$ 3,500.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | | \$ | | \$ | |
| 8) Contributions from Other Political Committees (CRO-1230) | | \$ | | \$ | |
| 9) Loan Proceeds (CRO-1410) | | \$ | | \$ | |
| 10) Refunds/Reimbursements To the Committee (CRO-1240) | | \$ | | \$ | |
| 11) Other Receipt Sources | | | | | |
| 11a) Interest on Bank Accounts (CRO-1250) | | \$ | | \$ | |
| 11b) Contributions from Not-for-Profit Organizations (CRO-1250) | | \$ | | \$ | |
| 11c) Outside Sources of Income (CRO-1250) | | \$ | | \$ | |
| 11d) Legal Expense Fund – Other Sources (CRO-1270) | | \$ | | \$ | |
| 11 e) Exempt Purchase Price Sales (CRO-1265) | | \$ | | \$ | |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ | | \$ | |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures (CRO-1310) | | \$ 2,485.31 | | \$ 2,485.31 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | | \$ | | \$ | |
| 13c) Coordinated Party Expenditures (CRO-1310) | | \$ | | \$ | |
| 14) Aggregated Non-Media Expenditures (CRO-1315) | | \$ | | \$ | |
| 15) Loan Repayments (CRO-1420) | | \$ | | \$ | |
| 16) Refunds/Reimbursements From the Committee (CRO-1320) | | \$ | | \$ | |
| 17) In-Kind Contributions (CRO-1510) | | \$ | | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ | | \$ | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 1,014.69 | | \$ 1,014.69 | |
| ADDITIONAL INFORMATION | | | | | |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) | | \$ | | | |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) | | \$ | | | |
| 22) Debts and Obligations owed By the Committee (CRO-1610) | | \$ | | | |
| 23) Debts and Obligations owed To the Committee (CRO-1620) | | \$ | | | |
| 24) Account Transfers Within the Committee (CRO-1720) | | \$ | | | |
| 25) Administrative Support (CRO-1710) | | \$ | | \$ | |
| 26) Forgiven Loans (CRO-1440) | | \$ | | \$ | |
| 27) 48-Hour Notice Reports Sum (CRO-2220) | | \$ | | \$ | |
| 28) Contributions to be Refunded (CRO-1215) | | \$ | | \$ | |

Contributions from Individuals

Pg 1 of 8 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| BRUCE LEE JACKSON, JR 3301 HIGH STREET EASTOVER, NC 28312 (910)802-0555 | | | INSURANCE AGENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | ALLSTATE INSURANCE | | e. Election Sum to Date | |
| | | | | \$ 100 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CHECK | | 09/21/2020 | \$ 100 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| THOMAS JACOBI 443 MCBAIN DRIVE FAYETTEVILLE, NC 28305 (910)323-4544 | | | SALES SPECIALIST | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | LOWES | | e. Election Sum to Date | |
| | | | | \$ 100 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CHECK 3802 | | 09/25/2020 | \$ 100 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JAMES SEBRING PO BOX 53049 FAYETTEVILLE, NC 28305 (910)916-7710 | | | BANKER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | FIDELITY BANK COMMERCIAL BANKING | | e. Election Sum to Date | |
| | | | | \$ 50 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CHECK | | 09/21/2020 | \$ 50 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 250 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 3,500 | |

Contributions from Individuals

Pg 2 of 8

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| STEPHEN MCPHATTER 4535 JOSH CT HOPE MILLS, NC 28348 (910)574-2610 | | | BUSINESS OWNER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | ALLBRITE PAINTING | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 500 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | | CHECK 132 | | 4/23/2020 | | \$ 500 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| DENISE FERGUSON 1346 CHILTON DRIVE FAYETTEVILLE, NC 28314 (910)493-3999 | | | SOCIAL SERVICES | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | LIFESPAN SOCIAL SERVICES | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | | WESTERN UN | | 09/23/2020 | | \$ 100 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| RICHARD CUTTER 2101 MERRIWOOD COURT SANFORD, NC 27330 (919)704-5881 | | | ARMY RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | ARMY RETIRED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | | CHECK 2175 | | 09/23/2020 | | \$ 100 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 700 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 3,500 | |

Contributions from Individuals

Pg 3 of 8 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| JOHAN BANTSOLAS 6304 WHITEHALL DRIVE FAYETTEVILLE, NC 28303 (910)864-7331 | | | OWNER - REAL ESTATE | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | JNB REALTY COMMERCIAL REAL ESTATE | | e. Election Sum to Date | |
| | | | | \$ 50 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CHECK 7647 | | 9/23/2020 | \$ 50 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| CHARLES DAVENPORT JR 413 SHAWCROFT RD FAYETTEVILLE, NC 28311 (910)263-1687 | | | CEO | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | FIRM FOUNDATION SOCIAL SERVICES | | e. Election Sum to Date | |
| | | | | \$ 500 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CHECK 563 | | 9/24/2020 | \$ 300 | |
| <input type="checkbox"/> | | CHECK 564 | | 9/24/2020 | \$ 200 | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| GAIL MORFESUS 404 VALLEY RD FAYETTEVILLE, NC 28305 (910)672-0801 | | | OFFICE MANAGER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | OWEN DRIVE SURGICAL CENTER | | e. Election Sum to Date | |
| | | | | \$ 50 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CHECK 3495 | | 9/24/2020 | \$ 50 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 600 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 3,500 | |

Contributions from Individuals

Pg 4 of 8

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| BERNARD FLEMING 2045 LOTHBURY DRIVE FAYETTEVILLE, NC 28304 (910)429-2111 | | | COMMERCIAL REALTOR | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | FLEMING REAL ESTATE | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 250 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | | CHECK 1329 | | 9/23/2020 | | \$ 250 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ANDREW O'QUINN 325 WOODCREST ROAD FAYETTEVILLE, NC 28305 (910)476-7967 | | | PRESIDENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | THOMSON & LITTLE KITCHEN DESIGN | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | | CHECK 1548 | | 9/22/2020 | | \$ 100 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| MICHAEL KARAMAN 439 WESTWOOD CENTER #15 FAYETTEVILLE, NC 28314 (910)860-1000 | | | PRESIDENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | BRANTLEY ELECTRONICS | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 250 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | | CHECK 1308 | | 9/23/2020 | | \$ 250 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 600 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 3,500 | |

Contributions from Individuals

Pg 5 of 8 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|------------------------|---------------------------|---|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| DANNY ACEVEDO 210 HAVERHILL DRIVE FAYETTEVILLE, NC 28314 (910)476-4119 | | | US DEPT OF DEFENCE | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED | | e. Election Sum to Date | |
| | | | | \$ 125 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CHECK 1176 | | 9/24/2020 | \$ 125 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| DOUG BRISSON 1509 TULLAMORE LANE FAYETTEVILLE, NC 28303 (910)237-5924 | | | SALES REP | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | COPIERS PLUS | | e. Election Sum to Date | |
| | | | | \$ 100 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CHECK 1263 | | 9/25/2020 | \$ 100 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| CHRISTI L HARTMAN 6868 MORAY STREET LINDEN, NC 28356 (615)207-2271 | | | PRESIDENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | CHRISTI LOWE PRODUCTIONS VIDEO PRODUCTIONS | | e. Election Sum to Date | |
| | | | | \$ 50 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CHECK 2680 | | 9/29/2020 | \$ 50 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 275 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 3,500 | |

Contributions from Individuals

Pg 6 of 8

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| ROBERT SMITH 3621 LAKESHORE DRIVE HOPE MILLS, NC 28348 (910)424-2396 | | | PRESIDENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | COPIERS PLUS TECHNOLOGY SALES | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 200 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | | CHK 11038 | | 9/29/2020 | | \$ 200 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| EMERY DELONG 109 INLET DRIVE RAEFORD, NC 28396 (910)224-2024 | | | PRESIDENT | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | DFD DECO CONSTRUCTION | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 200 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | | MONEY ORDE | | 9/30/2020 | | \$ 200 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| EJ SNYDER 2805 BARDOLINO DRIVE FAYETTEVILLE, NC 28306 (910)977-2424 | | | ARMY RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | ARMY RETIRED | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount |
| <input type="checkbox"/> | | CHECK 2305 | | | | \$ 100 |
| <input type="checkbox"/> | | | | | | \$ |
| <input type="checkbox"/> | | | | | | \$ |
| 4. Total only this Page | | | | | \$ 500 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 3,500 | |

Contributions from Individuals

Pg 7 of 8

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|-----------------|--------------------|-----------------------------------|----------------------|-------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| SABRINA NAUSIDAS 6168 LAKEWOOD DRIVE FAYETTEVILLE, NC 28306 (910)578-9632 | | | HOMEMAKER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 100 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CASHIER CK | | 9/30/2020 | \$ 100 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| CAROLINA FONKE 424 GRAYLYN PLACE FAYETTEVILLE, NC 28314 (910)578-0249 | | | OFFICE MANAGER | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | FAYETTEVILLE FAMILY CHIRO | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 50 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CHECK 226 | | 10/1/2020 | \$ 50 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| CHARLES SULLO 1710 EMMA COURT EASTOVER, NC 28312 (678)410-4698 | | | OWNER HOME INSPECTIONS | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | SELF EMPLOYED HOME INSPECTIONS | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 150 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CHECK 527 | | 10/9/2020 | \$ 150 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 300 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 3,500 | |

Contributions from Individuals

Pg 8 of 8 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | |
|---|------------------------|---------------------------|--|-----------------------------|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER | | | | | | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| HENRY WINBUSH 7116 TOLLHOUSE DRIVE FAYETTEVILLE, NC 28314 (910)864-4830 | | | RETIRED ARMY | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | RETIRED ARMY | | e. Election Sum to Date | |
| | | | | \$ 100 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CHK 15420 | | 10/9/2020 | \$ 100 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| CHARLES SIMMONDS PO BOX 25014 FAYETTEVILLE, NC 28314 (910)671-2437 | | | US ARMY / MILITARY | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | US ARMY / MILITARY | | e. Election Sum to Date | |
| | | | | \$ 150 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | MONEY ORDE | | 10/13/2020 | \$ 150 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments | |
| THOMAS ZUMBAHLEN PO BOX 53815 FORT BRAGG, NC 28305 (910)309-8806 | | | ARMY RETIRED | | | |
| | | | c. Employer's Name/Specific Field | | | |
| | | | ARMY RETIRED | | e. Election Sum to Date | |
| | | | | \$ 25 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount | |
| <input type="checkbox"/> | | CHECK 7841 | | 10/14/2020 | \$ 25 | |
| <input type="checkbox"/> | | | | | \$ | |
| <input type="checkbox"/> | | | | | \$ | |
| 4. Total only this Page | | | | | \$ 275 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | \$ 3,500 | |

Disbursements

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

| | | | | | | |
|--|--------------------|-----------------|--|----------------------|---------------------------------|-------------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | 2. ID Number | |
| CAMPAIGN TO ELECT FREDERICK WILLIAM CUTTER | | | | | | |
| 3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| INTERNATIONAL MINUTE PRESS 1005 ARSENAL AVE FAYETTEVILLE, NC 28305 | | | | | | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 1,385.31 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | CHECK | B | 9/25/2020 | \$1,385.31 | PALM CARDS YARD SIGNS | |
| | | | | \$ | | |
| 4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| SERIES 5 TECHNOLOGY PO BOX 1852 RAEFORD, NC 28376 | | | | | | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 600.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | CHECK | A | 10/02/2020 | \$600 | WEBSITE DESIGN / MAINTENANCE | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| FACEBOOK | | | | | | |
| | | | c. Level Registered (Specify) | | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 500.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | DEBIT CARD | A | 10/09/2020 | \$250 | FACEBOOK ADS | |
| | DEBIT CARD | A | 10/13/2020 | \$250 | FACEBOOK ADS | |
| | | | | | \$ 2,485.31 | |
| 5. Total only this Page | | | | | | |
| 6. Total of ALL CRO-1310 Pages | | | | | | |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | | |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) | | | | | | |
| (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | |
| | | | | | \$ 2,485.31 | |
| 7. Purpose Codes (List detailed expenditure code in (h.) above) | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund |
| O* - Other | | | | | | |
| * Codes require detailed explanation in required remarks field (k) | | | | | | |